## **City of West Saint Paul**

1616 Humboldt Ave. West St. Paul, MN 55118 Phone: (651) 552-4116 FAX: 651-552-4190

Date

Permit No.	
PR2016-000	

**Contractor Request for Electrical Inspection** 

\*FILL IN ALL FIELDS

Property/Job Site Address		WEST ST PAUL		MN 55	5118	
Owner Name			Owner Phone	е	-mail	
Contractor License No.	Company Name			<u>'</u>	Company Type (che	
Contractor Address	City		State	State Zip Electrical Contract  Technology Sys. 0		
Contractor Phone	Cell	Cell e-mail		Contractor Signature		
Project Description			Single inspection other than Ready Now Will Electrical Utility XCEL ENER	Schedule	Rough-in Inspection R YES Job Site Contact	equired?
Service/Power Supply 0 -	- 400 amp ( ) @ \$35	i	New single Family Dwelling	g	@ \$135	
Service/Power Supply 40	1 - 800 amp ( ) @ \$60		Street, Parking Lot Lighting	g Standard	( ) @ \$5 ea	
Service/Power Supply Over 800 amp ( ) @ \$100		Transformer up to 10KVA ( ) @ \$15				
Feeders/Circuits 0 to 200	Amp ( ) @ \$6		Transformer over 10KVA		( ) @ \$30	
Feeders/Circuits Over 200	O Amp ( ) @ \$15		Sign & Outline Lighting Po	wer Supply	/ ( ) @ \$5	
New Multi-Family Dwelling (up to 20 circuits/feeders p		'unit	Technology Circuits less t	han 50 V	( ) @ \$.75	
New Multi-Family Dwelling (over 20 circuits/feeders pe			Luminair Retrofit Modificat	tions	( ) @ <b>\$.2</b> 5	
Reconnected Feeder Circu	its ( ) @ \$2		Inspection Hourly Rate		( ) @ \$80	
Separate Bonding Inspection	on ( )@\$35		Inspection Mileage Rate	(	) @ \$0.55/mile	
Concrete Encased Bonding	g Electrode ( ) @ \$35		Additional Inspection Fee		( ) @ \$35	
Service/Power Supply	0 – 400 amp ( ) @ S	\$70	Investigation Fee (A		f \$70 or equal to total not to exceed \$1000)	
Service/Power Supply	401- 800 amp ( ) @ \$	\$120	<b>Total Fee</b> (fee calculated above or \$35 multiplied by the number of required inspection trips, whichever is greater)			
Service/Power Supply	Over 800 amp ( ) @	\$200	License Verification Fee			\$5.00
200 Amp Circuit	( )@	\$12	State Surcharge per po	ermit per	M.S § 326.148	\$1.00
Over 200 Amp Circuit	( )@	\$30			TOTAL	
	ion (REI) with a fee of \$250 or le					
	Aservice	echargeof\$30willb	eaddedforalldishonoredchecks.		-	
I hereby certify that I inspected the electrical installation herein on the dates stated:  Rough – In Inspection(s)  Date		ted:	For Depar	rtment Use Only		
Final Inspection		Date				
<del></del>						